

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H90077** (9)

1. Corporation Name
SUPERIOR ALMONDS I, INC.

Principal Place of Business P.O. BOX 521238 SALT LAKE CITY UT 84152-1238 US	Mailing Address P.O. BOX 521238 SALT LAKE CITY UT 84152 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1985	3a. Date of Last Report 01/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2611399		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BARBARA J PETROSKI
100 W LUCERNE CR
STE 504
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	Erich Huerner
82 Street Address (P.O. Box Number is Not Acceptable)	1400 International Dr.
83	
84 City	Orlando
85 Zip Code	FL 32819

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Erich Huerner* 1-10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER TOBLER	1.2 NAME	
STREET ADDRESS	2120 S 1300 E 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	Salt Lake City, UT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	JANE LINTON	2.2 NAME	
STREET ADDRESS	2001 BROWNING AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANCOVICH, JOYCE H	3.2 NAME	
STREET ADDRESS	342 RUMA RANCHO	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, SUSAN	4.2 NAME	
STREET ADDRESS	2043 COUNTRY SIDE CIR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN PETERSON	5.2 NAME	
STREET ADDRESS	2120 S 1300 E 101	5.3 STREET ADDRESS	3069 E Carrigan Canyon Dr.
CITY-ST-ZIP	SALT LAKE CITY UT	5.4 CITY-ST-ZIP	Salt Lake City, UT 84109
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/6/97 801-487-9048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)